

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/561,650 Conf. # 7669
	Filing Date	March 7, 2007
	First Named Inventor	Carolyn Mayston, et al.
	Art Unit	1795
	Examiner Name	
	Attorney Docket Number	66775-0009

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number: 10291

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 10291

**OR**

<input type="checkbox"/> Firm or Individual Name	RADER, FISHMAN & GRAUER PLLC Michael B. Stewart
---	--

Address	39533 Woodward Avenue Suite 140
---------	------------------------------------

City	Bloomfield Hills
------	------------------

Country	US	State	MI	Zip	48304
---------	----	-------	----	-----	-------

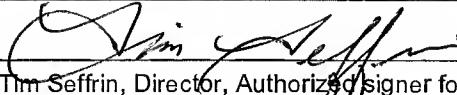
Telephone	(248) 594-0600	Email	mbs@raderfishman.com
-----------	----------------	-------	----------------------

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Tim Seffrin, Director, Authorized signer for Assignee		
Date	15 July 2008	Telephone	231-724-1870

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.